

State of California
Governor's Office of Criminal Justice Planning

FORENSIC MEDICAL REPORT: SEXUAL ASSAULT SUSPECT EXAMINATION

OCJP 950



For more information or assistance in completing the OCJP 950 please contact
University of California, Davis California Medical Training Center at:
(916) 734-4141

This form is available on the following Web site:
www.ocjp.ca.gov

**FORENSIC MEDICAL REPORT:
SEXUAL ASSAULT SUSPECT EXAMINATION
STATE OF CALIFORNIA
OFFICE OF CRIMINAL JUSTICE PLANNING
OCJP 950**

Confidential Document

Patient Identification

A. GENERAL INFORMATION (print or type)

Name of Medical Facility:

1. Name of patient

Patient ID number

2. Address

City

County

State

Telephone
(W)
(H)

3. Age

DOB

Gender
M F

Ethnicity

Arrival Date

Arrival Time

Discharge Date

Discharge Time

B. AUTHORIZATION Jurisdiction (☐ city ☐ county ☐ other):

1. Name of Law Enforcement Officer

Agency

ID Number

Telephone

2. I request a forensic medical examination for suspected sexual assault at public expense.

Law enforcement officer signature

Date

Time

Case number

C. MEDICAL HISTORY

1. Any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect the interpretation of current physical findings? ☐ No ☐ Yes

If yes, describe: _____

2. Any other pertinent medical condition(s) that may affect the interpretation of current physical findings? ☐ No ☐ Yes

If yes, describe: _____

3. Any pre-existing physical injuries? ☐ No ☐ Yes

If yes, describe: _____

D. RECENT HYGIENE INFORMATION ☐ Not applicable if over 72 hours

No Yes

No Yes

Urinated

☐

☐

Bath/shower/wash

☐

☐

Defecated

☐

☐

Brushed teeth

☐

☐

Genital or body wipes

☐

☐

Ate or drank

☐

☐

If yes, describe: _____

Changed clothing

☐

☐

Oral gargle/rinse

☐

☐

If yes, describe: _____

E. GENERAL PHYSICAL EXAMINATION

1. Blood Pressure

Pulse

Respiration

Temperature

2. Exam Started

Exam Completed

Date

Time

Date

Time

3. Height

Weight

Hair color

Eye color

☐ Right-handed

☐ Left-handed

4. Describe general physical appearance

5. Describe general demeanor

6. Describe condition of clothing upon arrival.

7. Collect outer and under clothing, if indicated.

☐ Not indicated

DISTRIBUTION OF OCJP 950

☐ Original - Law Enforcement

☐ Copy within evidence kit - Crime Lab

☐ Copy - Medical Facility Records

E. GENERAL PHYSICAL EXAMINATION

Record all findings using diagrams, legend, and a consecutive numbering system

8. Conduct a physical examination. Record scars, tattoos, skin lesions, and distinguishing physical features. ☐ Findings ☐ No Findings
9. Collect dried and moist secretions, stains, and foreign materials from the body. Scan the entire body with a Wood's Lamp. ☐ Findings ☐ No Findings
10. Collect fingernail scrapings or cuttings according to local policy.
11. Collect chest hair reference samples according to local policy.

Patient Identification

Diagram A

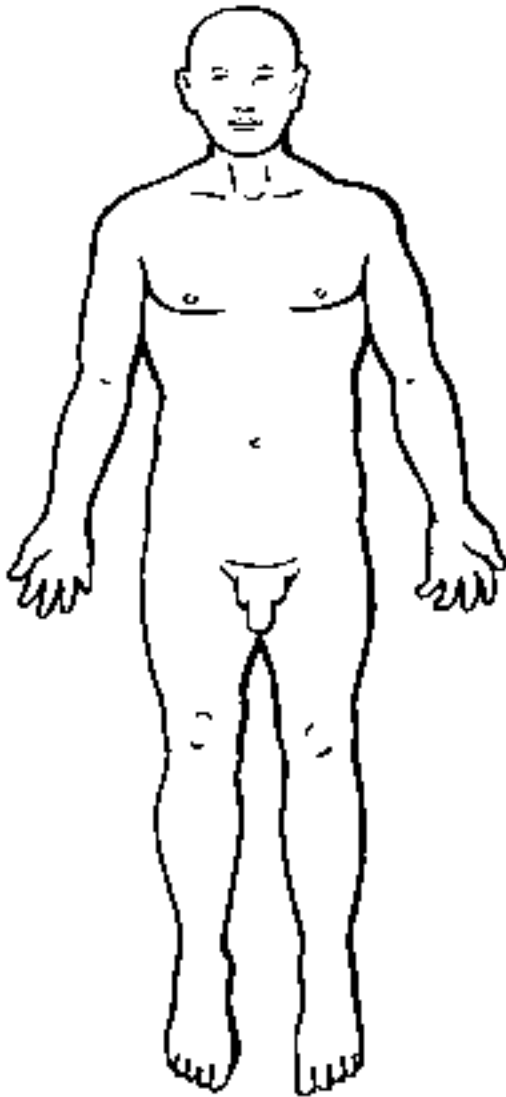
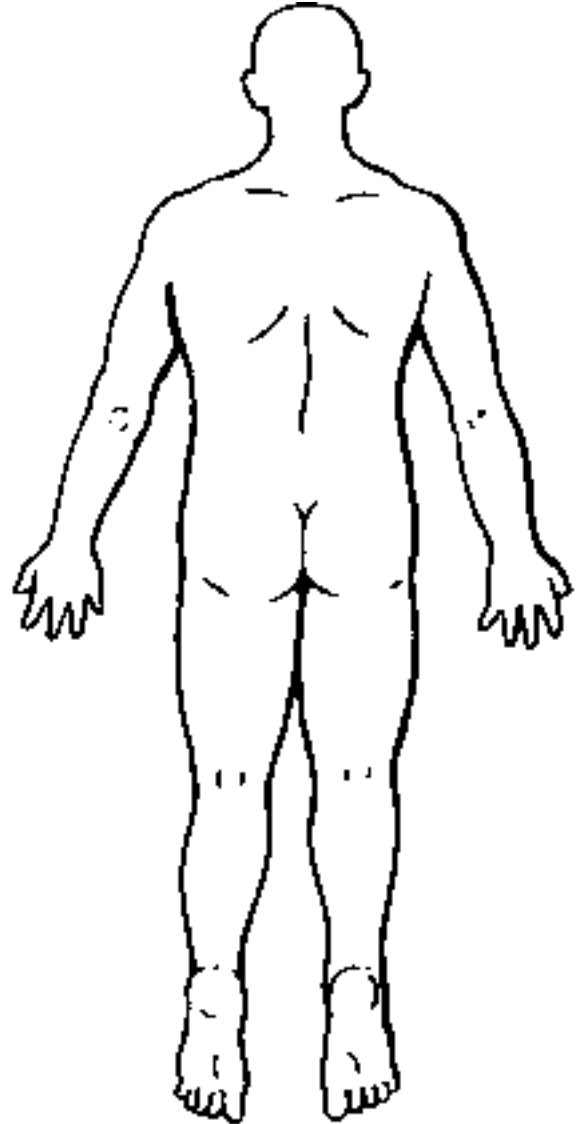


Diagram B

**LEGEND: Types of Findings**

AB Abrasion	DE Debris	F/H Fiber/hair	OF Other Foreign Materials (describe)	SC Scars	TA Tattoos
BI Bite	DF Deformity	IN Induration	OI Other Injury (describe)	SHX Sample Per History	TB Toluidine Blue⊕
BP Body Piercing	DS Dry Secretion	IW Incised Wound	PE Petechiae	SI Suction Injury	TE Tenderness
BU Burn	EC Ecchymosis (bruise)	LA Laceration	PS Potential Saliva	SW Swelling	V/S Vegetation/Soil
CS Control Swab	ER Erythema (redness)	MS Moist Secretion			WL Wood's Lamp⊕
Locator #	Type	Description	Locator #	Type	Description

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 5

F. HEAD, NECK, AND ORAL EXAMINATION

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Examine the face, head, hair, scalp, and neck for injury and foreign materials.
☐ Findings ☐ No Findings
2. Collect dried and moist secretions, stains, and foreign materials from face, head, hair, scalp, and neck.
☐ Findings ☐ No Findings
3. Examine the oral cavity for injury and foreign materials (if indicated by assault history). Collect foreign materials.
 Exam done: ☐ Not applicable ☐ Yes ☐ Findings ☐ No Findings
4. Collect 2 swabs from the oral cavity up to 12 hours post assault and prepare one dry mount slide from one of the swabs.
5. Collect head and facial hair reference samples according to local policy.

Patient Identification

Diagram C

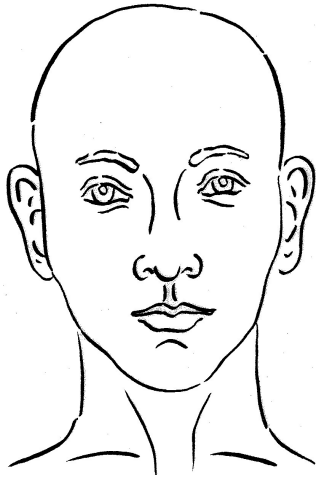


Diagram D

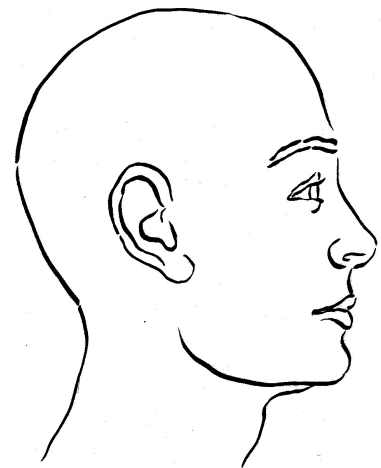
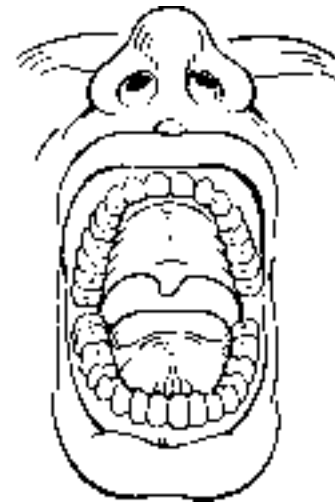


Diagram E



Diagram F



LEGEND: Types of Findings

AB Abrasion	DE Debris	F/H Fiber/hair	OF Other Foreign Materials (describe)	SC Scars	TA Tattoos
BI Bite	DF Deformity	IN Induration	OI Other Injury (describe)	SHX Sample Per History	TB Toluidine Blue⊕
BP Body Piercing	DS Dry Secretion	IW Incised Wound	PE Petechiae	SI Suction Injury	TE Tenderness
BU Burn	EC Ecchymosis (bruise)	LA Laceration	PS Potential Saliva	SW Swelling	V/S Vegetation/Soil
CS Control Swab	ER Erythema (redness)	MS Moist Secretion			WL Wood's Lamp⊕
Locator #	Type	Description	Locator #	Type	Description

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 5

G. GENITAL EXAMINATION

Record all findings using diagrams, legend, and a consecutive numbering system.

- Examine the inner thighs, external genitalia, and perineal area. Check the box(es) if there are assault related findings:

- ☐ No Findings
- | | | |
|---------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Inner thighs | <input type="checkbox"/> Glans penis | <input type="checkbox"/> Scrotum |
| <input type="checkbox"/> Perineum | <input type="checkbox"/> Penile shaft | <input type="checkbox"/> Testes |
| <input type="checkbox"/> Foreskin | <input type="checkbox"/> Urethral meatus | |

- Circumcised

☐ No ☐ Yes

- Collect dried and moist secretions, stains, and foreign materials. Scan the area with a Wood's Lamp. ☐ Findings ☐ No Findings

- Collect pubic hair combing or brushing.

- Collect pubic hair reference samples according to local policy.

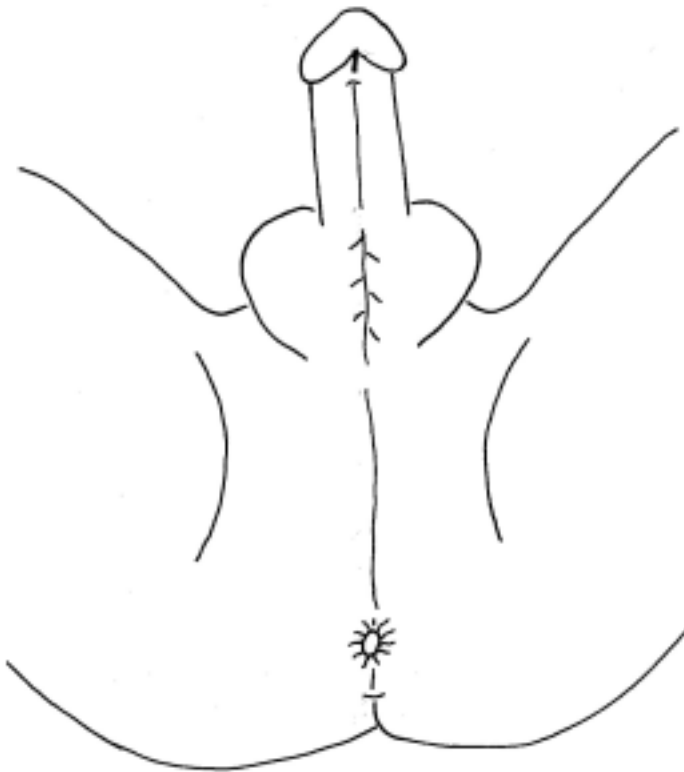
- Collect 2 penile swabs, if indicated by assault history. ☐ N/A

- Collect 2 scrotal swabs, if indicated by assault history. ☐ N/A

- Record other findings per history. ☐ No ☐ Yes

If yes, describe:

Diagram G



Patient Identification

Diagram H

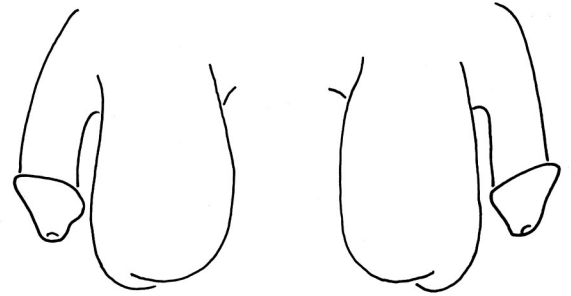


Diagram I

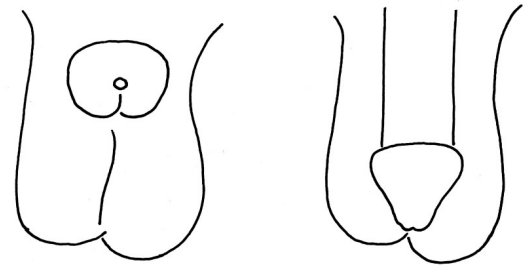
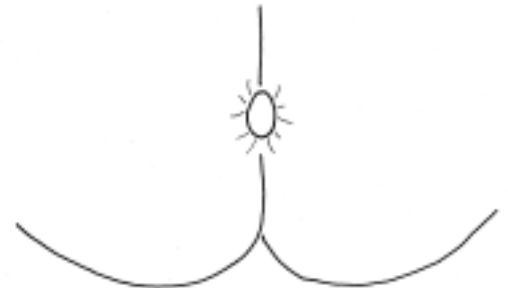


Diagram J



LEGEND: Types of Findings

AB Abrasion	ER Erythema (redness)	PE Petechiae	V/S Vegetation/Soil
BI Bite	F/H Fiber/hair	PS Potential Saliva	WL Wood's Lamp⊕
BP Body Piercing	IN Induration	SC Scars	
BU Burn	IW Incised Wound	SHX Sample Per History	
CS Control Swab	LA Laceration	SI Suction Injury	
DE Debris	MS Moist Secretion	SW Swelling	
DF Deformity	OF Other Foreign	TA Tattoos	
DS Dry Secretion	Materials(describe)	TB Toluidine Blue⊕	
EC Ecchymosis (bruise)	OI Other Injury (describe)	TE Tenderness	

Locator #	Type	Description

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 5

[illegible]

	No	Yes	Collected by:
Swabs/suspected blood	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dried Secretions	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fiber/loose hairs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vegetation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Soil/debris	<input type="checkbox"/>	<input type="checkbox"/>	_____
Swabs/suspected semen	<input type="checkbox"/>	<input type="checkbox"/>	_____
Swabs/suspected saliva	<input type="checkbox"/>	<input type="checkbox"/>	_____
Swabs/Wood's Lamp [⊕] area(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Control swabs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fingernail scrapings/cuttings	<input type="checkbox"/>	<input type="checkbox"/>	_____
Matted hair cuttings	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pubic hair combings/brushings	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other types	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, describe: _____			

	# Swabs	# Slides	Time collected	Collected by:
Oral				
Penile				
Scrotal				

	No	Yes	Time	Collected by:
Blood alcohol/toxicology (gray top tube)				
Urine toxicology				

	No	Yes	Collected by:
Blood (lavender top tube)			
Blood (yellow top tube)			
Blood Card (optional)			
Buccal swabs (optional)			
Saliva swabs			
Chest hair			
Facial hair			
Pubic hair			
Head hair			

	No	Yes	Colposcope/35mm	Macrolens/35mm	Colposcope/ Videocamera	Other optics
Body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Genitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Photographed by: _____

Signature: _____

Print name and ID#: _____

Agency: _____

Date: _____ Phone: _____